Massachusetts Partnership for Health Promotion and Chronic Diseases

Massachusetts Prevention and Wellness Trust Fund

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Prevention and Wellness Trust Fund: Overview of Today's Discussion

- Background of PWTF: Origins in Health Care Reform
  - Legislation
  - Goals of the Fund
- Design and Implementation of Grantee Program
  - Selection of Conditions
  - Grantee selection
  - Focusing on ROI: Tiering of Interventions
- Evaluation Overview
  - Measures/Outcomes

Background of the Prevention and Wellness Trust

Health Care Reform in Massachusetts: Phase 2

- Cost containment

- Chapter 224 of the Acts of 2012
  - Access to Primary Care
  - Strategies to address health disparities
  - Established the PWTF: A multimillion dollar focus on prevention as a means to reducing healthcare spending

Key Stakeholders and Supporters

- The Massachusetts Public Health Association
- The Massachusetts Health Council
- American Heart Association
- Tobacco Free Massachusetts
- Health Care for All
- Massachusetts Association of Health Boards
- Boston Public Health Commission

How the Prevention and Wellness Trust funds are allocated:

- $57 million in trust for 4 years
- Up to 10% on worksite wellness programs
- No more than 15% on administration through MDPH
- At least 75% must be spent on a **grantee program**
- No requirement for spending equal amounts annually

MGL Chapter 224, Section 60

Prevention and Wellness Trust Fund: Chapter 224 Guidelines

All expenditures should serve the following purposes:

- to reduce rates of the most prevalent and preventable health conditions, and substance abuse;
- to increase healthy behaviors;
- to increase the adoption of workplace-based wellness;
- to address health disparities;
- to develop a stronger evidence-base of effective prevention programming.

Prevention and Wellness Advisory Board

- 17 member board (14 gubernatorial appointments)
- The Board makes recommendations to the Commissioner on:
  - Administration and allocation of PWTF
  - Establishment of criteria for the grantee program
  - Performance evaluation
  - Annual progress report to the legislature
- The Advisory Board met 3 times to guide vision of the PWTF grantee program and review the development of the RFR
- Board continues to meet quarterly to guide activities

How the RFR Framework Was Developed: Examined the Evidence

Working Backward from the Outcome Measures

- Examined cost trends by health condition
- Examined prevalence of preventable health conditions
- Examined co-morbidities by condition and cost
- Looked at optimum population size based on cost of interventions and relative effectiveness
- Selected 13 health conditions with strong evidence for delivering ROI – based on known interventions - and developed comprehensive 2-page fact sheets

How the RFR Framework Was Developed: Feedback from Stakeholders

Incorporated advice from PWAB, experts, public listening sessions

- Importance of partnerships across community and clinical setting
- Balance between evidence-based & innovative interventions
- Health disparities and under-served regional focus when possible

External Expert Teams

Design of Grantee Program

Critical PWTF Design Decisions

- Selected priority conditions based on associated interventions with 3 to 5 year ROI
- Population and service area size must be matched to available resources and estimated cost of interventions
- Emphasize Community-Clinical Partnerships
- All grantees required to use bi-directional e-Referral
- Data driven Quality Improvement approach
- Model must be sustainable

Focus on Health Conditions that Yield Positive ROI *within 4 years*

Priority Conditions (2 of 4 are required, at minimum)	**Optional Conditions (Not Required)**	**Other Conditions (not specified)**
Tobacco use Asthma (pediatric) Hypertension Falls among older adults	Obesity Diabetes Oral health Substance abuse	Proposed by applicant

Vulnerable Populations and Co-Morbid Mental Health Conditions

Plans to address the conditions listed above should also include specific strategies to reduce disparities in the burden of these conditions (e.g., racial and ethnic disparities). Mental health conditions, such as depression, may be viewed as co-morbid to any of the above. Interventions may be proposed and tailored for populations affected by mental health conditions.

Promoting Strong Partnerships

Applicants were required to have three types of Partnering Organizations:

- Clinical (healthcare providers, clinics, hospitals)
  - At least one clinical partner must use and be able to share Electronic Medical Records
- Community (schools, fitness centers, non-profits, and multi-service organizations)
- Other (municipalities, regional planning agencies, worksites, and insurers)

Promoting Sustainable Linkages

For any condition proposed, applicants were required to include interventions in each of 3 domains:

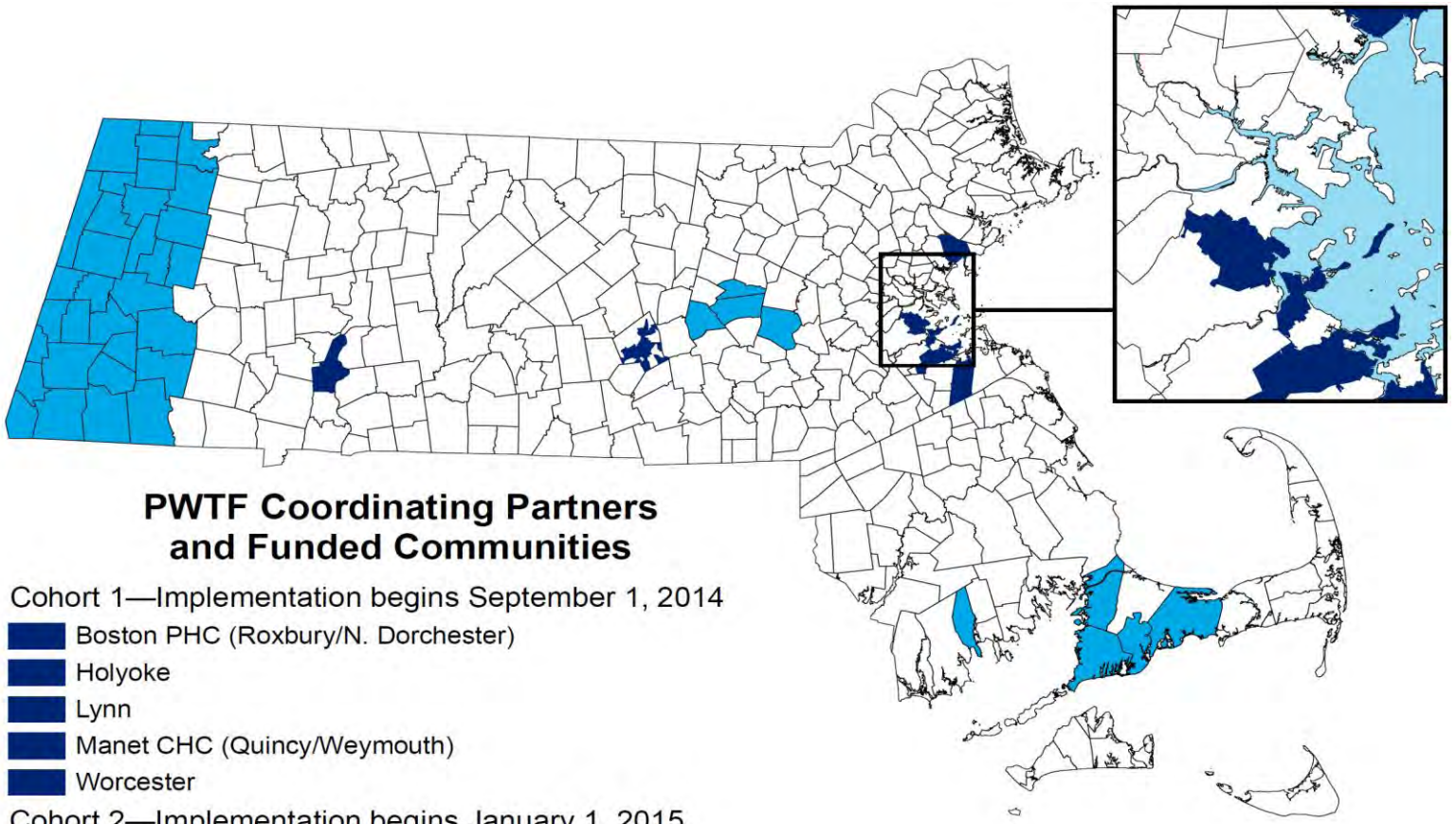
- Community – Supports behavioral change to improve health through individual, social and physical environments where people live and work
- Clinical – Improves clinical environment – delivery and access
- Community-Clinical Linkages – Strengthens connection between community-based services and healthcare providers
  - **Including a requirement to participate in bi-directional e-referral**

Grantee Program: Selection, populations, interventions, and support

9 Selected Grantee Partnerships

- Barnstable County Department of Human Services (Barnstable, Mashpee, Falmouth, Bourne)
- Berkshire Medical Center (Berkshire County)
- Boston Public Health Commission (North Dorchester and Roxbury)
- Holyoke Health Center, Inc.
- Town of Hudson (Framingham, Hudson, Marlborough, Northborough)
- City of Lynn
- Manet Community Health Center, Inc. (Quincy and Weymouth)
- New Bedford Health Department
- City of Worcester

Partnerships are Across the State



PWTF Coordinating Partners and Funded Communities

Cohort 1—Implementation begins September 1, 2014

- Boston PHC (Roxbury/N. Dorchester)
- Holyoke
- Lynn
- Manet CHC (Quincy/Weymouth)
- Worcester

Cohort 2—Implementation begins January 1, 2015

- Barnstable (Barnstable, Mashpee, Falmouth, Bourne)
- Berkshire (all of Berkshire County)
- Hudson (Framingham, Hudson, Marlborough, Northborough)
- New Bedford

Grantee Funding Levels

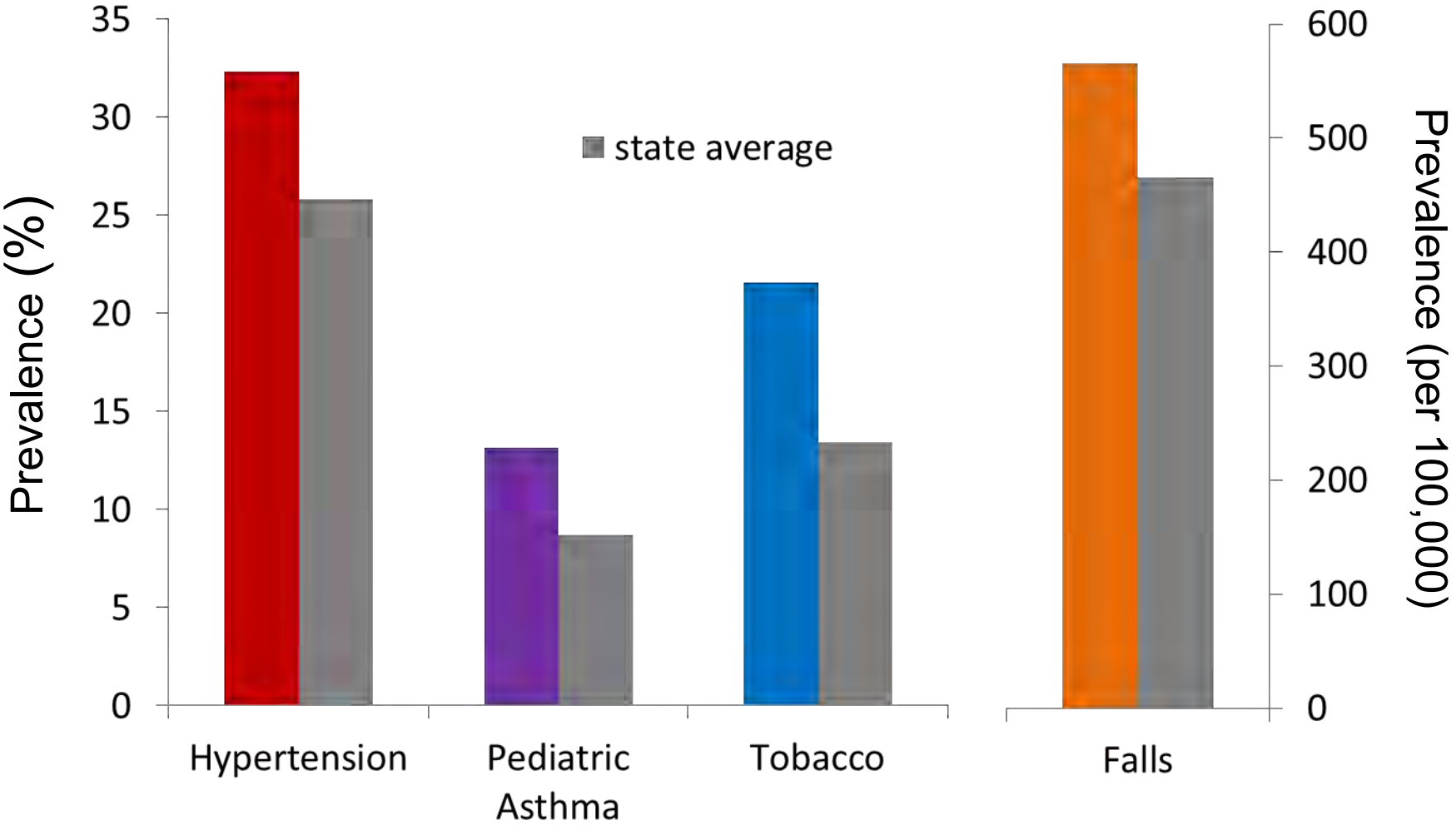
- **Capacity Building Phase**: each award up to $250,000

- **Implementation Phase**: Between $1.3M and $1.7M on an annual basis

Populations of Focus

- Total population within funded communities is 987,422 (approximately 15% of the state population)
- Some of the most racially/ethnically diverse communities in the state
- Many communities with large percentages of people living below poverty as well

Prevalence of Priority Health Conditions



Health Conditions to be Addressed

Coordinating Partner	Tobacco	Hypertension	Pediatric Asthma	Falls in Older Adults	Other Conditions
Cohort 1					
Holyoke Health Center	✓	✓	✓		Obesity, Oral Health
City of Worcester		✓	✓	✓	
BPHC		✓	✓	✓	
City of Lynn	✓	✓	✓	✓	
Manet Community Health Center	✓	✓		✓	Substance Abuse
Cohort 2					
Barnstable County Dept of Human Services		✓		✓	Diabetes
New Bedford Health Dept		✓	✓	✓	Substance Abuse
Town of Hudson	✓	✓	✓	✓	
Berkshire Medical Center	✓	✓		✓	Diabetes

Tiered Approach to Interventions

Tier 1

- Straightforward access to data
- Strong evidence base for clinical impact
- **High likelihood of producing Return on Investment (ROI)**

Tier 2

- Available data sources
- Inconsistent or emerging evidence base
- **Low to moderate likelihood of producing Return on Investment**

Tier 3

- No PWTF evaluation and little technical assistance
- Minimal budget

Tier 1 Interventions

Condition	Clinical and Community Interventions
Tobacco	• Implement USPSTF Recommendations for Tobacco Use Screening and Treatment
Pediatric Asthma	• Care Management for High-Risk Asthma Patients • Home-Based Multi-Trigger, Multi-Component Intervention
Falls	• Comprehensive Clinical Multi-Factorial Fall Risk Assessment • Home Safety Assessment and Modification for Falls Prevention
Hypertension	• Evidence-based guidelines for diagnosis and management of hypertension* • Chronic Disease Self-Management Programs

Community Health Workers

- All partnerships
- Statewide innovation
  - Varied models
  - Consistent training
  - Consistent Supervision
- Certification

Electronic Linkages – e-Referral

E-Referral Linkages are a Hallmark of the PWTF

- Bi-directional, electronic referrals between clinical and community organizations
  - Within each grantee partnership
  - Integrated into EMR for at least one clinical partner
  - Use web-based e-Referral Gateway for other partners
- State Innovation Model funding for 3 sites
  - First successful e-Referral sent June 30th!
  - Basis for PWTF e-Referral approach

E-Referral Benefits

Create

- e-Referral requires bi-directional electronic linkage as well as organizational conversation to initiate community-clinical linkages

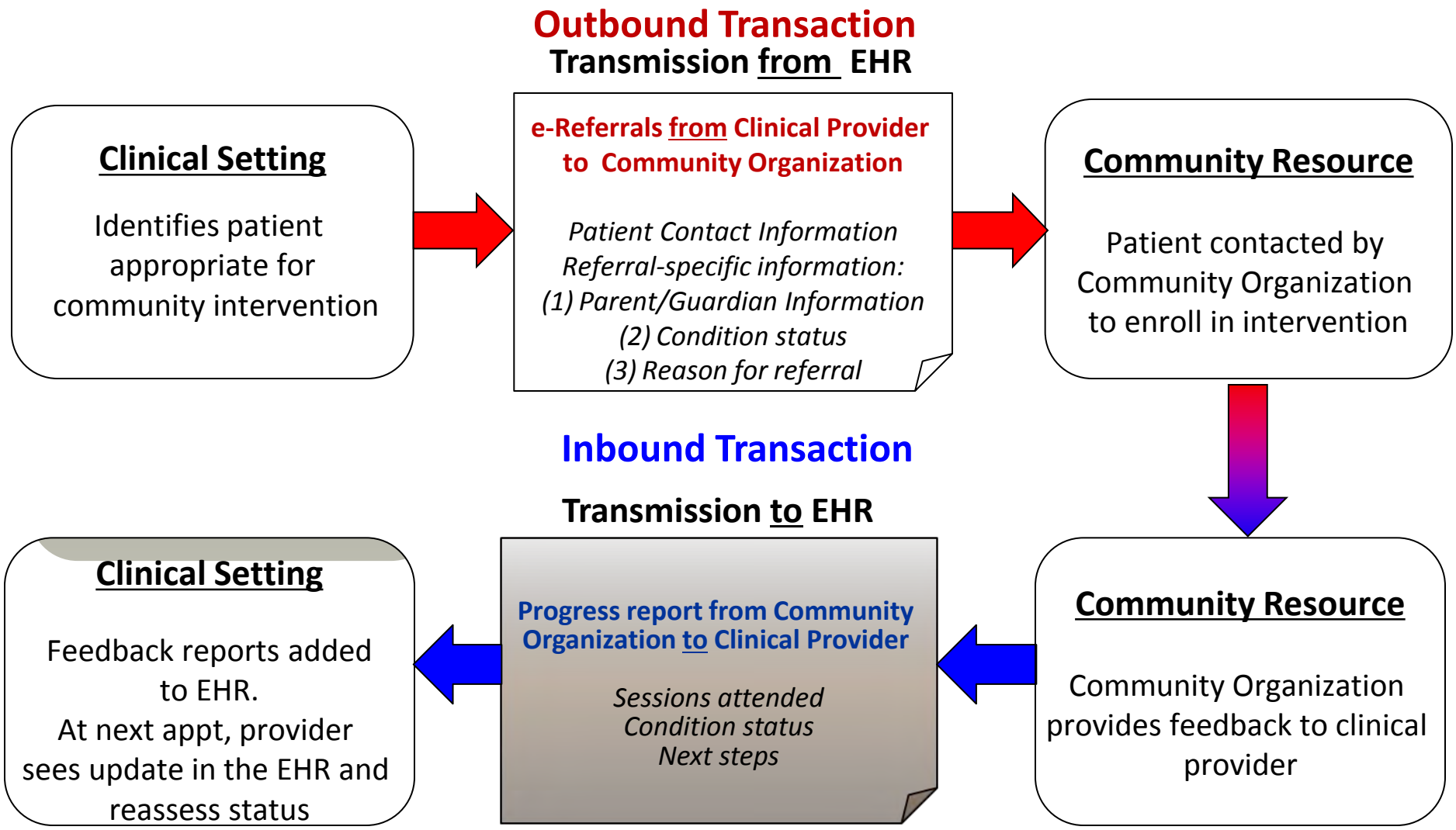
Evaluate

- e-Referral system can provide baseline reports on # of referrals, # of services received, and other information e.g. # of pounds lost
- When integrated with the EHR, health systems can evaluate the impact of these community programs on population health

Sustain

- Once installed, the e-Referral system can be modified to add additional types of community resources
- Using the e-Referral software and EHRs, community-based organizations can make the case for clinically meaningful and cost-effective programming

Prevention and Wellness Trust Fund: Example e-Referral Flow



6-10 month Capacity-Building Phase

Grantees

- Partnerships working on governance, work plans, budget planning, communication plans, condition workgroups, e-referral preparation

PWTF Team

- Technical assistance framework
- Quality Improvement model
- Learning sessions
- SharePoint developed for communication
- Training Plan

Evaluation Overview

Evaluation Goals

Outcome measures defined by Chapter 224

- Reduction in prevalence of preventable health conditions
- Reduction in health care costs and/or growth in health care cost trends
- Beneficiaries from the health care cost reduction
- Employee health, productivity and recidivism through workplace-based wellness or health management programs

Two Primary Goals

- Using evaluation to promote change (Quality Improvement)
- Using evaluation to demonstrate change

Quality Improvement and the Measurement Problem

Problem: PWTF has 9 Service Areas, across 3 Domains, for more than a dozen intervention types

Issue: The QI process should be relevant to all participants at all times

Solution: Conceptual Uniformity

– High level measures

– Similar across health conditions

Fostering Sustainability

- Explicit goals
- Quality Improvement framework
- Implemented new local policies
- Implemented new clinical practices
- Seeking new funding sources (ACOs, payers)
- e-Referral changes conversation between partners

THANK YOU

Questions?